

HOW TO PROVIDE *EFFECTIVE* HEALTH ADMINISTRATION IN SMALL (RURAL) MUNICIPALITIES

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ALTHOUGH provincial officials may be more numerous than municipal officials in the audience, all will frankly admit with me that, of the municipal health authority and of the provincial health authority, the most essential of the two is the municipal. Indeed, the municipal health organization could exist without provincial organization, while the provincial without the municipal end complement could accomplish almost nothing. The secretary of our section, Dr. Baudouin, once properly defined this by calling the municipal authority the "real cell" of the whole fabric.

Thirty years' experience in provincial health work have fully convinced me that we have not, in the rural health authorities as presently constituted, adequate machinery to carry out the work required by the Public Health Act. Seventy-five per cent. of the rural boards of health are either incapable or unwilling to act seriously, and even some small towns hardly make a better showing.

This situation is not peculiar to the province of Quebec.

After the American occupation of Cuba, the government of that island attempted, through the medium of local boards of health, to continue the thorough reform of sanitary conditions started by the Americans; but this system soon proved a failure, and, at one blow, all the local organizations were replaced by a national organization, the Government of Cuba appointing the health officials necessary to carry the work needed in each locality. All such officers stationed in the various municipalities are under the direct control of the Cuban Director-General of Public Health.

In Pennsylvania, we meet another type of organization which, while preserving the existing municipal boards of health, no longer waits after their slowness to carry out the requirements of the

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State laws. The Pennsylvania State Department of Health has over seven hundred agents scattered throughout the State, and these agents make up for the deficiencies of the dilatory municipal boards of health.

As to our sister provinces, I do not believe their experience differs from ours. Indeed, only last week, I unexpectedly put my hand upon an article published in the *American Journal of Public Health*, in 1900, by Dr. P. H. Bryce, who was for twenty years secretary-director of the Ontario Provincial Board of Health. Speaking of Ontario, Dr. Bryce writes: "In a province as old and as municipally advanced as most on this continent, I have for twenty years proved fully the inadequacy of the seven hundred or more local township, town, and village Boards of Health with as medical officer a local practitioner competing with his medical rivals, paid from nothing to \$25.00, \$50.00 or \$100.00 a year for doing mostly nothing."

The cause of the failure of our rural health authorities is that they are raw, untrained material, which cannot be made to realize the importance of their work. Being small municipalities and each maintaining a separate health organization, they have been unable to secure the services of trained officials.

The reorganization of this municipal end of the health service should be undertaken and but professional sanitarians, *i.e.*, "D.P.H. men," should be put in charge, the actual inefficient local boards of health disappearing. Our universities can now supply all the professional sanitarians that would be required, and thus the only question remaining to solve is how to provide sufficiently high salaries to attract good men into this new profession.

As far as the province of Quebec is concerned, the plan I would be disposed to suggest would be the grouping of say twenty municipalities under a physician possessing the diploma in public health, who would give the whole of his time to the constant supervision of their sanitation. The present development of railways, the automobile and the telephone make now a sanitary unit of twenty municipalities one of convenient size. The medical sanitarian would have in each municipality the services of at least one assistant for routine work not requiring necessarily the attendance of the medical sanitarian.

The salary of the medical sanitarian would be fixed by the law and would, together with his travelling expenses, be paid by the municipalities on the pro rata of their population.

How would local autonomy be preserved in such an organization?

Each rural county of the province is formed into a *county municipality* whose municipal councillors are *ex-officio* the mayors of the various municipalities forming part of the county. It may be pointed out, in passing, that the average number of municipalities to a county is twenty.

Thus, should at any future time, a law, following the plan I have suggested to provide for the sanitary reorganization of the province, require the appointment of a county commissioner of health for each county, leaving the appointment in the hands of the county municipality, who would select a physician having the diploma of public health; if, moreover, the said county commissioner of health were required, by the law, to report, at stated times, to the *county municipality* as well as to the Provincial Board of Health, and lastly, if the law provided that the county municipality could dismiss its nominee for cause, after having obtained the consent of the Provincial Board of Health, these provisions would be sufficient, I believe, to guarantee local autonomy to a very reasonable extent. With the exception of the counties of Saguenay and Temiscaming, I believe the plan sketched above would fit the geographical conditions of the province, with perhaps the occasional union of two counties for sanitary purposes under a single county commissioner of health.

With "D.P.H. men" in charge of the municipal end of the health service and with "D.P.H. men" as inspectors at the other or provincial end, we ought to secure very effective and sustained work throughout the province.

I have been told that the plan just advocated would not tally with the somewhat recent departure of having district inspectors on the Provincial Board of Health staff. I do not believe there is anything in that, gentlemen. When, in 1910, the Quebec Government assented to the Provincial Board of Health appointing district inspectors, the government paying their salaries and expenses, it reached the extreme limits of what should be done at the expense of the provincial budget, and therefore what health reorganization remains to be done, must come entirely from the side of the municipal authorities. And then, as the principal subject the Provincial Board of Health had in view when appointing district inspectors was to, through them, bring municipalities to do better work, I fail to see how an argument of the existence of district provincial inspectors could be made against a proposal to improve the municipal health organism.